

SECURITY APPLICATION FORM

Security requested for:
(check all that apply)

MFASIS Accounting
On Demand Reports

Type of Request:

NEW

CHANGE

NAME CHANGE ONLY

Agency Code: _____ Agency Name: _____ SHS# _____

1. USER NAME (PRINT clearly): _____
Old Name (if change)

2. USER SECURITY GROUP: _____

3. Is security limited to the above Agency? Yes No
(If "Yes" skip to question 4)

3A. If "No", please list **all** Agencies or all orgs authorized for this user. (**All** Agencies must be listed, even if this is a change to add a new Agency):

4. Did the above user transfer from another Agency? Yes No

4A. If "Yes", provide Agency: _____

5. Is the above user replacing an incumbent? Yes No

5A. If "Yes", provide name: _____
(This person will be removed from access to all systems.)

6. Does the above user have signature authority? Yes No

I understand that the User ID and password that will be assigned to me is not to be reassigned, transferred or loaned to another individual. I understand that, should I knowingly provide my ID to another individual, my security may be revoked. Per State regulations, I agree to change my password monthly.

User Signature

Date

I have reviewed this application for security access, and certify that the above named user is authorized to receive the requested access for the completion of the responsibilities of his or her position.

Supervisor's signature

Date

Agency Security Coordinator

Date

Bureau of Accounts & Control

Date

Administrative Use only:

OD _____

MFASIS _____

RACF _____

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